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Bib Data Sheet

CONFIRMATION NO. 7851

<b>SERIAL NUMBER</b> 09/856,409	<b>FILING DATE</b> 05/17/2001 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 3859-PA5PCUS
<b>APPLICANTS</b> James E. Beecham, Las Vegas, NV;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/13049 06/09/1999 WHICH CLAIMS BENEFIT OF 60/109,287 11/20/1998 WHICH CLAIMS BENEFIT OF 60/131,014 04/26/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> Robert A Parsons 340 E Palm LN Suite 260 Phoenix ,AZ 85004				
<b>TITLE</b> Method, system and apparatus for authorization and verification of documents				
<b>FILING FEE RECEIVED</b> 631	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 856409 RECEIPT DATE: 05 / 17 / 01  
IA NUMBER: PCT/ US99 / 13049 IA FILING DATE: 06 / 09 / 99  
FAMILY NAME: BEECHAM DELAY WAIVED (Y/N): N  
GIVEN NAME: JAMES E DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 20 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 3859-PA5PCUS COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
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CITY: PHOENIX

STATE/COUNTRY: AZ ZIP: 85004

EMAIL:

APPLICATION TITLES:

METHOD SYSTEM AND APPARATUS FOR AUTHORIZATION AND VERIFICATION OF DOCUMENTS

TAB TO LAST POSITION, PUSH SEND

Best Available Copy